

My name is Justin Bishop. I am attending the meeting today to express my concerns as a substance abuse health professional and as a Michigan resident. I have worked as a health educator since 2001 and currently am the executive director for Washtenaw County Community Partnership, a substance abuse coalition. As the founder of the Clean Teens organization, prevention program provider, I have worked with hundreds of youth and parents in Washtenaw county.

Placing Marijuana in the Medicine Cabinet is a serious concern considering the growing nonmedical prescription use trends in the United States. We have already sounded the alarm on abuse of prescription drug use, especially youth access to, why would we bring this into the picture?

Since 1975, the University of Michigan has conducted a study, Monitoring the Future, that report on alcohol, tobacco and other drug trends. Billions of our national dollars have been spent on research projects like this to help us identify various variables that can indicate trends over the years and identify substance abuse issues and measure progress of reducing rates.

I commonly refer to such studies to identify concerning variables that may indicate youth **Trends In Use** to identify the latest attitudes and behaviors when examining the consequences of substance abuse for education focuses in our prevention programs (i.e., in 2002 & 2003 marijuana use fell appreciably for 8<sup>th</sup>, 10<sup>th</sup>, & 12<sup>th</sup> graders).

### **Trends in Addressing Abuse**

Evidence obtained from confiscated marijuana suggests that its increase in potency nearly doubled during the period from the early 90s to the late 90s (ElSohly, et al.). There is also some suggestion that the increase in the potency of marijuana may contribute to the rising rate in abuse. While the treatment of marijuana dependence is still in its infancy, the latest edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* recognizes marijuana dependence (2000).

### **The medicine cabinet complication.**

Experts stress that prescription drug abuse isn't about bad drugs or even bad people. It involves a complex web of factors, including the power of addiction, misperceptions about drug abuse, and the difficulty both patients and doctors have discussing the topic.

Since 2001, there has been a 25 percent increase in annual abuse of sedatives/barbiturates among 12th - graders (National Survey on Drug Use and Health). What is currently in our medicine cabinet needs some additional controls before we place marijuana on the shelf. Since 2001, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders have shown considerable declines in their annual prevalence of marijuana use, with the proportional decline greatest among the 8<sup>th</sup> graders (2004 Monitoring the Future survey). Let's get a grip on the current misuse of prescriptions and not place the horse in front of the carriage.

### **What message are we sending to our youth?**

Within the many national surveys you can find rates that reflect current and past attitudes and beliefs that indicate youth **Perceived Risk** and is a leading indicator of change in youth use rates (i.e., a decline in perceived risk rates can increase marijuana use rates for youth).

Marijuana has long been referred to as a gateway drug for youth, implying that its use serves as a stepping stone to the later use of other "hard drugs" (e.g., heroin, cocaine, hallucinogens, etc.). Initial cannabis use may encourage later broader experimentation, and therefore reduces perceived risk of using other drugs, and brings users into contact with other drugs.

Today, studies have indicated physical consequences to marijuana and youth are beginning to understand and agree how it impairs their cognitive performance such as short-term memory (ability to easily recall information learned just seconds or minutes before) and includes slow reaction time, lack of coordination, deficits in concentration, and impairment in performance of complex tasks.

The harmful effects of marijuana on the respiratory and cardiovascular systems have long been recognized (National Institute on Drug Abuse, n.d.; Ashton, 2001). Like tobacco, marijuana smoke increases the risk of cancer and lung damage (Watson et al., 2000). This should not be surprising since marijuana contains most of the same chemical components (except nicotine) that are found in tobacco.

**Why do we want to place this in our medicine cabinet when progress has been made?**

Since 2001, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders have shown considerable declines in their annual prevalence of marijuana use, with the proportional decline greatest among the 8<sup>th</sup> graders (2004 Monitoring the Future survey).

Availability rates reflect youth accessibility to a substance. Are caretakers safeguarding their current prescribed medications so that young people in their households do not have access to them? Another troubling trend in the nonmedical use of prescription drugs is the recent phenomena known as "pharming," where young people mix prescription medications and ingest some or all of them at once, unaware of potentially severe drug interactions.

National Institute on Drug Abuse reports accessibility to prescription drugs is likely a contributing factor to this growing trend. More people are being prescribed medications today, for a variety of health reasons. This increase in prescriptions means more medicine in the cabinets. Prescription drugs commonly are diverted through fraudulent prescriptions, doctor-shopping, over-prescribing, and pharmacy theft.

**Is this the ideal medical intervention considering the growing prescription problem today?**

The number of new nonmedical prescription users increased drastically -from 573,000 in 1990 to 2.5 million in 2000. Overall, men and women have roughly similar rates of nonmedical use of prescription drugs. According to the 2003 National Survey on Drug Use and Health, 6.3 million Americans aged 12 and older have used prescription medications for nonmedical purposes in the prior 30 days.

While this issue remains to be resolved in the court of public opinion, a recent Supreme Court decision, *Gonzales v. Raich*, clarified the issue of whether state or federal law takes precedence. The justices ruled 6-3 that doctors can be blocked from prescribing medical marijuana, even if the states they live in allow it. This, in essence, means that the federal law banning marijuana trumps the laws of individual states. A previous Supreme Court ruling in 2001 also declared that anyone who distributed marijuana could be prosecuted under federal law, even if the distribution was for medical purposes. Thus, the possession, use, or cultivation of marijuana remains a federal crime.

Maybe this legalization movement is not so necessary since there are presently alternative drugs that are equally effective and available for debilitating disease interventions. For example, Marinol (dronabinol) is a synthesized drug in capsule form containing THC in sesame oil (controlled for pure drug delivery) and is available like OxyContin by prescription under a Schedule II label (The Science of Medical Marijuana, n.d.). The factor limiting the prescribing of Marinol by physicians may simply be the lack of awareness of the drug's efficacy or the fact that it is a Schedule II label.

The last thing I would want to do is to not consider those that are in need of medications to ease their pain or suffering. I consider these four factors when I weigh in my concerns; (1) the issue has been ruled in the Supreme Court, (2) the growing prescription problem in our country, and (3) the great progress that has been made in declining youth marijuana use, and (4 ) the availability of a number of alternative prescriptions available that can ease their pain or suffering.

To place marijuana in a position of wide spread use for medical purpose would be irresponsible for our children. As a prevention specialist, health provider, a future parent, a professional that works to place protective policies in our community, I am always considering the next generation when developing safe and health guards to secure their growth and prosperity in Michigan.

Thank you for listening to my concern.

Justin Bishop  
Executive Director  
Washtenaw County Community Partnership / Clean Teens  
P.O. Box 980293  
Ypsilanti, MI 48198  
Phone: (734) 646-8426  
Email: [cleanteens@aol.com](mailto:cleanteens@aol.com)  
Web site: [www.washtenawcountyprevention.com](http://www.washtenawcountyprevention.com)